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CONFIRMATION NO. 4405

<b>SERIAL NUMBER</b> 10/612,856	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P-8888.05
<b>APPLICANTS</b> James D. Webb, Maple Grove, MN; Tom Dean Bennett, Shoreview, MN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/809,915 03/16/2001 PAT 6,599,250				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/30/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 22 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27581				
<b>TITLE</b> Heart failure monitor quicklook summary for patient management systems				
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	